



9-5-02  
16 E 67  
Booth 11/102

1646

Please type a plus sign (+) inside this box ☐

PTO/SB/83 (2/00)  
Approved for use through 10/31/02. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/880,710
Filing Date	6/13/01
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	06572 ANA 1006 US

RECEIVED

APR 0 2003

TECH CENTER 1600/2900

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practitioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an agent for the above identified patent application.

RECEIVED

SEP 09 2002

TECH CENTER 1600/2900

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

## CORRESPONDENCE ADDRESS

☒ Customer Number 20786

Place Customer Number  
Bar Code Label here

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	ZIP		
Country				
Telephone	Fax			

This request is enclosed in triplicate.

Name	Josephine Young
Signature	<i>Josephine Young</i>
Date	September 3, 2002

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (2/00)  
Approved for use through 10/31/02. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number

09/880,710

Filing Date

6/13/01

First Named Inventor

APR 01 2003

Group Art Unit

Examiner Name

Attorney Docket Number

06572 ANA 1006 US

RECEIVED

SEP 09 2002

TECH CENTER 1600/2900

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practitioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an agent for the above identified patent application.

RECEIVED

1. ☒ The correspondence address is NOT affected by this withdrawal.

2. ☐ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS



Customer Number

20786

Place Customer Number  
Bar Code Label here

OR



Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This request is enclosed in triplicate.

Name

Josephine

Young

Signature

Date

September 3, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (2/00)  
Approved for use through 10/31/02. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/880,710
Filing Date	6/13/01
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	06572 ANA 1006 US

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practitioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an agent for the above identified patent application.

# RECEIVED

SEP 09 2002

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

TECH CENTER 1600/2900

### CORRESPONDENCE ADDRESS



Customer Number

20786

Place Customer Number  
Bar Code Label here

OR



Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This request is enclosed in triplicate.

Name

Josephine

Young

Signature

Date

September 3, 2002

**NOTE:** Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.